

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/7

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 01/01/2009 **THROUGH** 03/31/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF FILER:

CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMENTO

CA

95816

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

SEE ATTACHMENT A

☒ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>69248.99</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>52206.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>777.64</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>6349.26</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>128581.89</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
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F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
04/20/2009

At (City and State)
SACRAMENTO, CA

By (Signature of Employer or Responsible Officer)
J. RICHARD EICHMAN

Name of Employer or Responsible Officer (Type or Print)
J. RICHARD EICHMAN

Title
CERTIFIED PUBLIC ACCOUNTANT
(432100-SLC)

PERIOD COVERED: 01/01/2009 03/31/2009NAME OF FILER: CALIFORNIA ASSOCIATION OF HEALTH FACILITIES**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title
Employee MARY JANN LEGISLATIVE ADVOCATE	Employee JOCELYN MONTGOMERY LEGISLATIVE ADVOCATE
Employee DARRYL NIXON LEGISLATIVE ADVOCATE	Employee NANCY C. REAGAN LEGISLATIVE ADVOCATE

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 69248.99	\$ 69248.99

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
CAPITOL ADVOCACY,LLC SACRAMENTO CA 95811	52206.00	0.00	0.00	52206.00	52206.00

TOTAL THIS PERIOD (Column 4)Also enter the total of Column 4 on Line B of the
Summary of Payments section on page 1.

\$ 52206.00

☐ If more space is needed, check box and attach
continuation sheets

PERIOD COVERED: 01/01/2009 03/31/2009NAME OF FILER: CALIFORNIA ASSOCIATION OF HEALTH FACILITIES**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
02/12/2009	THE MIX SACRAMENTO CA 95814	SEE ATTACHMENT B	\$ 16.89 RECEPTION	\$ 777.64
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.				TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.
				\$ 777.64

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION
☐ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 6349.26

TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.

\$ 6349.26

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 01/01/2009 03/31/2009NAME OF FILER: CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: 741816

CA ASSN OF HEALTH FACILITIES PAC

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
02/10/2009	TAXPAYERS FOR BOB HUFF - 2012	1314495	\$ 139.42 Reference No: 16314
03/26/2009	MARY HAYASHI DEMOCRAT FOR ASSEMBLY 2010	1313555	\$ 210.60 Reference No: 16316
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

TEXT ANNOTATION

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Schedule F635

Reference No: 'A'

AB 215,249,298,367,392,416,535,768,773,839,849,931,950,1037,1038,1083,1162,1215,1295,1296,1303,1309,1372,1383,1457,1458,146 -
2,1472 : SB 110,117,187,196,221,270,275,287,303,344,368,687,732,769,771: SB 26XXX: SBX3 24: DEPT OF DEVELOPMENT SERVIC -
ES RE: ICF/DD ACTIVE TREATMENT REGULATIONS; DEPT OF MANAGED HEALTH CARE RE: IMD/STP CONTRACTING,IMD REAL -
IGNMENT; CA DEPT OF HEALTH CARE SERVICES RE: ICF/DD REIMBURSEMENT RATES AND RETRO-PAYMENTS,MEDI-CAL RA -
TES,ICF/DD MEDI-CAL SYSTEM RESTRUCTURING,STATE BUDGET,CERTIFIED NURSE ASSISTANT PROGRAM,OBRA IMPLEMEN -
TATION,MEDI-CAL REDESIGN; CA DEPARTMENT OF PUBLIC HEATH RE: ICF/DD INITIAL FACILITY CERTIFICATION SURVEYS,PR -
ESUMPTIVE ELIGIBILITY,DEFICIENCIES,STATE BUDGET,LICENSING AND CERTIFICATION,CERTIFIED NURSE ASSISTANT PRO -
GRAM,OBRA IMPLEMENTATION,LICENSING FEES,STANDARD ADMISSIONS AGREEMENT,ABUSE & NEGLECT REGULATIONS,S -
TAFING RATIOS,TRANSFER/DISCHARGE APPEALS HEARINGS,FACILITY CLOSURE ISSUES/LICENSE REVOCATION,STATE LIC -
ENSING SURVEY PROCESS/GUIDELINES,UNUSUAL OCCURRENCE REGULATIONS,CAL CODE REGULATIONS (CURFFL),FEEDI -
NG ASSISTANT OPINION,CITATION REVIEW CONFERENCE APPEALS HEARING; DEPT OF FINANCE RE: STATE BUDGET,PAYM -
ENT DELAYS/DEFERRALS; GOVERNOR'S OFFICE RE: ICF/DD MEDI-CAL SYSTEM RESTRUCTURING; OFFICE OF STATEWIDE H -
EALTH PLANNING DEPT RE: FIELD REVIEW/BUILDING STANDARDS; DEPT OF AGING RE: LONG-TERM CARE COUNCIL; EMPLO -
YMENT DEVELOPMENT DEPT RE: CAREGIVER TRAINING INITIATIVE; HEALTH & HUMAN SERVICES AGENCY RE: AB 1629 IMPL -
EMENTATION; DEPT OF HEALTH CARE SERVICE RE: AB 1629 IMPLEMENTATION,PAYMENT DELAYS/DEFERRALS; CONTROLLE -
R,TREASURER RE: PAYMENT DELAYS/DEFERRALS; DEPARTMENT OF HEALTH CARE SERVICES RE: LONG TERM CARE ISSUES

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Schedule F635

Reference No: B

NAME AND OFFICIAL POSITION REGARDING RECEPTION: ELIZABETH WATSON,LEGISLATIVE DIRECTOR OF ASSEMBLYMEMB -
ER ANTHONY ADAMS; JULIE GRIFFITHS,CHIEF OF STAFF OF ASSEMBLYMEMBER JOEL ANDERSON; DILLION GIBBONS,CHIEF -
OF STAFF OF ASSEMBLYMEMBER CONNIE CONWAY; CAROLYN GINNO,CHIEF OF STAFF OF ASSEMBLYMEMBER MICHAEL DU -
VALL; ANDREW KIEFER,CHIEF OF STAFF OF ASSEMBLYMEMBER NATHAN FLETCHER; JENNIFER FRANKLIN,CHIEF OF STAFF -
OF ASSEMBLYMEMBER JEAN FULLER; DANA CUTHANE,PRESS SECRETARY OF ASSEMBLYMEMBER JEAN FULLER; MIKE ZIM -
MERMAN,CHIEF OF STAFF OF ASSEMBLYMEMBER MARTIN GARRICK; VICTORIA STEWART,LEGISLATIVE DIRECTOR OF ASSE -
MBLYMEMBER CURT HAGMAN; CHRISTINE HEWITT,LEGISLATIVE DIRECTOR OF ASSEMBLYMEMBER DIANE HARKEY; GEORGE -
ANDREWS,CAPITOL DIRECTOR OF ASSEMBLYMEMBER DIANE HARKEY; CRAIG DE LUZ,CHIEF OF STAFF OF ASSEMBLYMEMB -
ER KEVIN JEFFRIES; DAVID DROSCO,CHIEF OF STAFF OF ASSEMBLYMEMBER STEPHEN KNIGHT; BRANDON POWERS,CHIEF -
OF STAFF OF ASSEMBLYMEMBER JEFFREY MILLER; EMILY CURRIN,LEGISLATIVE DIRECTOR OF ASSEMBLYMEMBER ROGER -
NIELLO; PAUL DRESS,CHIEF OF STAFF OF ASSEMBLYMEMBER JAMES SILVA; PAUL HEGYI,CHIEF OF STAFF OF ASSEMBLYM -
EMBER VAN TRAN; MARK REEDER,CHIEF OF STAFF OF SENATOR SAMUEL AANESTAD; BILL BAILEY,SENIOR RULES CONSULT -
ANT OF SENATOR SAMUEL AANESTAD; KEN DEVORE,LEGISLATIVE DIRECTOR OF SENATOR ROY ASHBURN; KYLE PACKHAM, -
CAPITOL DIRECTOR OF SENATOR JOHN BENOIT; CHUCK HAHN,CHIEF OF STAFF OF SENATOR DAVE COGDILL; JOEL YANG,C -
ONSULTANT OF SENATOR DAVE COGDILL; KEVIN BASSETT,CHIEF OF STAFF OF SENATOR DAVE COX; DOUG YOAKAM,LEGIS -
LATIVE DIRECTOR OF SENATOR DAVE COX; JIM KJOL,CHIEF OF STAFF OF SENATOR JEFF DENHAM; CHRIS BURNS,RULES C -
ONSULTANT OF BOB DUTTON; JUNAY GARDNER,CHIEF OF STAFF OF SENATOR BOB HUFF; BRYAN LANZA; CHIEF OF STAFF -
OF SENATOR ABEL MALDONADO; GARTH EISENBEIS,LEGISLATIVE DIRECTOR OF MIMI WALTERS; DAVE LOUDEN,CHIEF OF S -
TAFF OF SENATOR MARK WYLAND

PAGE 4

Schedule F635P4B

Reference No: 16316

*INKIND CONTRIBUTION; PAID BY CA ASSN OF HEALTH FACILITIES ID#484378

TEXT ANNOTATION

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Schedule F635P4B

Reference No: 16314

*IN-KIND CONTRIBUTION; PAID BY CA ASSN OF HEALTH FACILITIES ID#484378

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Schedule F635P4B

Reference No: 14975

* CONTRIBUTIONS MADE BY CAHF (ID# 484378)

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Schedule F635P4B

Reference No: 15423

* IN-KIND CONTRIBUTION

TEXT ANNOTATION

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Schedule	F635P4B	Reference No:	15424
* IN-KIND CONTRIBUTION			

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Schedule	F635P4B	Reference No:	15425
*IN-KIND CONTRIBUTION			

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Schedule	F635P4B	Reference No:	15426
*IN-KIND CONTRIBUTION			